

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90362 038 \*\*\*150.00

**DOCUMENT # P98000077302**

1. Entity Name  
**THE FOUNDATION FOR INVESTIGATION, EDUCATION &  
SUPPORT IN THERAPEUTIC ACTIVITIES, INC.**



Principal Place of Business  
**730 SOUTH RANGER BLVD.  
WINTER PARK, FL 32792 US**

Mailing Address  
**730 SOUTH RANGER BLVD.  
WINTER PARK, FL 32792 US**

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3531451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KANE, STEVEN H  
1061 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ALDERSON, GREG  
STREET ADDRESS 730 SOUTH RANGER BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE TD  
NAME CARRASCO, RENATO  
STREET ADDRESS 730 SOUTH RANGER BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE SD  
NAME CALARA, ROSA  
STREET ADDRESS 730 SOUTH RANGER BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE VD  
NAME FAUSTMANN, DIANA V  
STREET ADDRESS 730 SOUTH RANGER BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE VD  
NAME CARRASCO, CARLOS M  
STREET ADDRESS 730 SOUTH RANGER BLVD.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_